

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H240003206743ABC

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : TAX CONTROLLER INC
Account Number : I20210000142
Phone : (954)301-1848
Fax Number : (954)532-9458

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BAR SE7EN LLC

Certificate of Status	0
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2024 SEP 20 PM 3:31

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2024 SEP 20 AM 10:03

FILED

COVER LETTER

(((4240003206743)))

TO: Registration Section
Division of Corporations

SUBJECT: ✧ BAR SE7EN LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

REYNOLD C SILVA

Name of Person

BAR SE7EN LLC

Firm/Company

2460 E. COMMERCIAL BLVD

Address

FT. LAUDERDALE, FL 33308

City/State and Zip Code

reydigg@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

REYNOLD C SILVA

Name of Person

908

at (_____) _____

Area Code

380 1545

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

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BAR SE7EN LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/30/2024 and assigned
Florida document number L24000335405

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SE7EN CAFE LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, If changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	REYNOLD C SILVA	221 NE 31ST ST	☒ Add
		POMPANO BEACH, FL 33064	☐ Remove
			☐ Change
AP	MICHAEL SKOP	6808 GRIFFIN RD	☐ Add
		DAVIE, FL 33314	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated SEPTEMBER 18 2024

Reynold C. Silver
Signature of a member or authorized

Signature of a member or authorized representative of a member

REYNOLD C SILVA

Typed or printed name of signer